

PRINTER RUSH

(PTO ASSISTANCE)

HL Con

Application : 10/670 859

Examiner : welch

GAU : 3765

From: AMW/CA

Location: IDC FMF FDC

Date: 11/9/05

Tracking #: _____

Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>7/7/05</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original Claim 8 (newly claim number 8) depends on original claim 6 (new claim 9). Also, original claim 7 (new 6) depends on claim 6 (new 9). And original claim 9 (new 7) depends on claim 8 (new 8). Please resolve. Thank You CA

[XRUSH] RESPONSE: _____

INITIALS: _____